



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

**SCHOOL EMPLOYEE BACKGROUND INVESTIGATION – RSA 189:13-a**

I hereby authorize the New Hampshire Department of Safety, Division of State Police to release whether or not I have been convicted of any offenses pursuant to RSA 189:13-a, Section V. This information shall be released to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name)  
(Title)  
(Address)

(Name and address of authorized representative of the employing school administrative unit, school district, charter school, or other person to receive Criminal History Record response)

**PLEASE TYPE OR PRINT CLEARLY**

Name: \_\_\_\_\_  
LAST (MAIDEN) FIRST MI

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # (optional): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Release's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notary's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Affix seal)

Fees: \$25.50 for volunteers, \$39 for employees. Please make checks payable to: State of NH- Criminal Records.